

ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY
UNDERGROUND STORAGE TANK (UST) SECTION

RELEASE REPORTING FORM

DATE RELEASE(S) DISCOVERED:
DATE RELEASE(S) REPORTED:

UST HOTLINE (602) 771-4364
FACSIMILE (602) 771-2302

PERSON REPORTING:
AFFILIATION:
ADDRESS:
PHONE:

FACILITY: _____ FACILITY ID #0-00 _____
ADDRESS: _____
CITY: _____ ZIP: _____ COUNTY: _____
CONTACT: _____
PHONE: _____

(FOR ADEQ USE ONLY)	SUSPECTED OR CONFIRMED RELEASE	RELEASE LOCATION (Include UST capacity & product type)	RELEASE EVIDENCE

UST OWNER/OPERATOR: _____ OPERATOR ID: _____ OWNER ID: _____
ADDRESS: _____
CONTACT NAME: _____ TELEPHONE: _____

PROPERTY OWNER
ADDRESS: _____
CONTACT NAME: _____ TELEPHONE: _____

INITIAL RESPONSE ACTIONS TAKEN WITHIN 24 HOURS:

Further releases of the regulated substances prevented? yes / no / NA
Fire, explosion, and vapor hazards identified and mitigated? yes / no / NA
Other actions taken? yes / no (If YES, please describe and include as attachment to this form)

MAP: show facility and approximate location of suspected and/or confirmed release(s)

NORTH

W
E
S
T

E
A
S
T

SOUTH

(not to scale)

**ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY
UNDERGROUND STORAGE TANK PROGRAM**

Release Status Report

DATE FORM COMPLETED: _____ (mm/dd/yy)

ADEQ use only

REPORT TYPE: (indicate only one)

Suspected release: ☐ 14 day report ☐ 90 day report

Confirmed release: ☐ 14 day report

DATE RECEIVED:

Site classification form attached? yes / no / NA

FACILITY ID: 0-00 **LUST NUMBER*:** _____ **OTHER LUST(S) AT FACILITY*:** _____
[* if received from ADEQ]

RELEASE INFORMATION:

G suspected release: (Check all that apply)

☐ Tank Test Failure

☐ Inventory Discrepancy

☐ Automatic Leak Detection

☐ Line Test Failure

☐ Odors

☐ Staining

G confirmed release: (Check all that apply)

☐ Laboratory detectable soil contamination

☐ Laboratory detectable water contamination

☐ Free product [If present submit Free Product Report within 45 days of discovering free product]

RELEASE REPORTING: (if needed attach additional pages)

[** not required for suspected releases]

Discovery date
(mm/dd/yy)

Reported to ADEQ
(mm/dd/yy)

Period of release **
from (mm/dd/yy)

to (mm/dd/yy)

NOTE: If repairs were performed on portions of the UST system which regularly contains product, sampling must be conducted in those areas.

RELEASE INFORMATION:

[** not required for suspected releases]

Component

Location

Product

Quantity **

☐ tank ☐ spill

☐ gasoline ☐ diesel ☐ used oil

_____ gallons

☐ piping ☐ overflow

☐ jet fuel ☐ other: _____

SUSPECTED RELEASE INVESTIGATIONS: Check the procedure(s) performed to document that the suspected release was **not** confirmed:

☐ tightness test [attach all supporting documentation]

☐ site check [attach a site plan; and sampling documentation (see below)]

CONFIRMED RELEASE INVESTIGATIONS: (indicate the **known** extent of any contamination resulting from this release)

on-site

off-site

Vapors: yes / no / unk

yes / no / unk

Soil: yes / no / unk

yes / no / unk

Groundwater: yes / no / unk

yes / no / unk

Surface water: yes / no / unk

yes / no / unk

Free Product: yes / no / unk

yes / no / unk

[unk = unknown]

ANTICIPATED CORRECTIVE ACTIONS: (check all that apply) ☐ preventative ☐ investigative ☐ remedial actions

INITIAL RESPONSE ACTIONS TAKEN WITHIN 24 HOURS: (For confirmed releases)

Further releases of the regulated substances prevented?

yes / no / NA

Fire, explosion, and vapor hazards identified and mitigated?

yes / no / NA

ATTACHMENTS: (check if attached)

☐ Tightness test results (if not previously submitted)

☐ Site check documentation (if not previously submitted)

☐ Site plan which includes the following:

- property boundaries

- adjacent property land use

- surface water

- wells and receptors

- release point(s) and ID number

- site check sample locations

ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY
UNDERGROUND STORAGE TANK PROGRAM

Site Classification Form

DATE FORM COMPLETED: _____

(mm/dd/yy)

ADEQ use only

DATE RECEIVED: _____

FACILITY ID: 0-00 LUST NUMBER: _____ OTHER LUST(S) AT FACILITY: _____

RELEASE INFORMATION: [leave blank if an initial site characterization report is attached]

Component	Location	Product	Quantity
<input type="checkbox"/> tank	<input type="checkbox"/> spill _____	<input type="checkbox"/> gasoline <input type="checkbox"/> diesel <input type="checkbox"/> used oil	_____ gallons
<input type="checkbox"/> piping	<input type="checkbox"/> overfill	<input type="checkbox"/> jet fuel <input type="checkbox"/> other: _____	

GEOLOGIC INFORMATION: [leave blank if an initial site characterization report is attached] [bgs = below ground surface]

Lithology: (indicate the scenario that most closely matches site conditions, attach site specific lithologic log if available)

☐ alternating silt/sand/gravel ☐ sands ☐ alluvium overlying river run gravel ☐ alluvium overlying bedrock

Depth To Bedrock: _____ feet bgs known / estimated Bedrock type: ☐ igneous ☐ sedimentary ☐ metamorphic

HYDROLOGIC INFORMATION: [leave blank if an initial site characterization report is attached]

Groundwater Depth: _____ feet bgs known / estimated Aquifer type: ☐ unconfined ☐ confined ☐ perched

Groundwater Flow Direction: _____ Gradient: _____ known / estimated

(ex: SW, NNW, ENE)

STATUS OF CORRECTIVE ACTION ACTIVITIES: [leave blank if an initial site characterization report is attached]

	<u>on-site</u>	<u>off-site</u>	<u>extent defined</u>	<u>remediation complete</u>
Vapors:	yes / no / unk	yes / no / unk	yes / no / NA	yes / no / NA
Soil:	yes / no / unk	yes / no / unk	yes / no / NA	yes / no / NA
Groundwater:	yes / no / unk	yes / no / unk	yes / no / NA	yes / no / NA
Surfacewater:	yes / no / unk	yes / no / unk	yes / no / NA	yes / no / NA
Free Product:	yes / no / unk	yes / no / unk	yes / no / NA	yes / no / NA

[unk = unknown] [NA = not applicable]

RECEPTOR INFORMATION:

On-site land use:	<input type="checkbox"/> residential	<input type="checkbox"/> non-residential			
Nearest public/private well:	_____ feet / miles	<input type="checkbox"/> no threat	<input type="checkbox"/> threatened	<input type="checkbox"/> impacted	<input type="checkbox"/> unknown
Nearest surfacewater:	_____ feet / miles	<input type="checkbox"/> no threat	<input type="checkbox"/> threatened	<input type="checkbox"/> impacted	<input type="checkbox"/> unknown

GROUNDWATER QUALITY:

☐ potable ☐ naturally non-potable ☐ artificially non-potable, regional ☐ artificially non-potable, locally

SITE CLASSIFICATION: (see opposite side for site classification determination worksheet)

Current:	1	2	3	4	Previous:	1	2	3	4	none
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ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY
UNDERGROUND STORAGE TANK PROGRAM

RBCA Site Classification Determination Worksheet

Risk based corrective action (RBCA) site classification is based on the ASTM Standard for Risk-based Corrective Actions at Petroleum Release Sites and A.A.C. R18-12-261.01

INSTRUCTIONS: Circle the applicable criteria status for each receptor/media impact criterion. The site classification is determined by the column farthest to the left for which **ANY** criterion was circled.

CRITERIA FOR RECEPTOR/MEDIA IMPACT	APPLICABLE CRITERIA STATUS			
Explosive vapor levels in buildings	Yes	Potential		
Explosive vapor levels in subsurface conduits	Yes	Potential		
Vapor levels causing acute health effects in building	Yes	Potential		
Vapor levels causing acute health effects outdoors	Yes	Potential		
Free product in surficial soils	Yes			
Free product in subsurface conduits	Yes			
Contaminated surficial soils		R* <500 ft	R* >500 ft	
Contaminating subsurface soils			Leachable	Leachable
Active drinking water groundwater supply well impact (well screened in same interval as plume)	Yes	<2 years**	>2 years**	
Active drinking water groundwater supply well impact (well screened in different interval as plume)		Yes	Outside of plume	
Active non-potable use groundwater supply well impact (well screened in same interval as plume)		Yes	>2 years**	No use of groundwater
Active non-potable use groundwater supply well impact (well screened in different interval as plume)			Yes	Outside of plume
Free product on surface water	Yes			
Potable use surface water impact	Yes	R* <500 ft	R* <1500 ft	
Ecological and non-potable surface water impact	Yes	R* <500 ft	R* <1500 ft	
RBCA Site Classification	1 Immediate threats	2 Short term threats	3 Long term threats	4 No long term threats

NOTES:

- * R denotes receptors, which may include, for purposes of site classification, persons, springs, surface water, agricultural and ecological habitats. Wells as receptors are treated separately.
- ** Time refers to plume migration to well. If no site specific data is available, assume a migration rate equivalent to groundwater flow velocity.

**ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY
UNDERGROUND STORAGE TANK PROGRAM**

Initial Site Characterization Report

DATE FORM COMPLETED: _____ (mm/dd/yy)

ADEQ use only

Site classification form attached? yes / no

DATE RECEIVED:

Required attachments submitted? yes / no

FACILITY ID: 0-00 **LUST NUMBER:** _____ **OTHER LUST(S) AT FACILITY:** _____

PERIOD OF RELEASE: From: _____ (mm/dd/yy) To: _____ (mm/dd/yy)

RELEASE INFORMATION:

<u>Component</u>	<u>Location</u>	<u>Product</u>	<u>Quantity</u>
9 tank	9 spill _____	9 gasoline G diesel G used oil	_____ gallons
9 piping	9 overfill	G jet fuel G other: _____	

INITIAL RESPONSE ACTIONS TAKEN WITHIN 24 HOURS:

Further releases of the regulated substances prevented?	yes / no / NA
Fire, explosion, and vapor hazards identified and mitigated?	yes / no / NA

INITIAL ABATEMENT MEASURES TAKEN:

Removed regulated substance from UST system to prevent further releases?	yes / no / NA
Visually inspected for and mitigated any release into soils and surface water?	yes / no
Continued to monitor and mitigate fire, explosion, and vapor hazards?	yes / no / NA
Investigated the possible presence of free product?	yes / no
Began removal of free product if found?	yes / no / NA

If free product present, has free product report been submitted? yes / no If yes, date submitted to ADEQ _____ (mm/dd/yy)

STATUS OF CORRECTIVE ACTION ACTIVITIES:

[unk = unknown] [NA = not applicable]

	<u>on-site</u>	<u>off-site</u>	<u>extent defined</u>	<u>remediation complete</u>
Vapors:	yes / no / unk	yes / no / unk	yes / no / NA	yes / no / NA
Soil:	yes / no / unk	yes / no / unk	yes / no / NA	yes / no / NA
Groundwater:	yes / no / unk	yes / no / unk	yes / no / NA	yes / no / NA
Surfacewater:	yes / no / unk	yes / no / unk	yes / no / NA	yes / no / NA
Free Product:	yes / no / unk	yes / no / unk	yes / no / NA	yes / no / NA

ANTICIPATED CORRECTIVE ACTIONS: (check all that apply) **G** preventative **G** investigative **G** remedial actions

LITHOLOGY: (indicate the scenario that most closely matches site conditions, attach site specific lithologic log if available)

G alternating silt/sand/gravel **G** sands **G** alluvium overlying river run gravel **G** alluvium overlying bedrock

DEPTH TO BEDROCK: _____ feet bgs

BEDROCK TYPE: **G** igneous **G** sedimentary **G** metamorphic

GROUNDWATER DEPTH: _____ feet bgs

GROUNDWATER FLOW DIRECTION: _____ (ex: SW, NNW, ENE)

GRADIENT: _____ known / estimated

AQUIFER TYPE: **G** unconfined **G** confined **G** perched

GROUNDWATER QUALITY: **G** potable **G** naturally non-potable **G** artificially non-potable, regional **G** artificially non-potable, locally
[bgs = below ground surface]

ATTACHMENTS: (check if attached)

- | |
|---|
| G Tightness test results (if not previously submitted)
G Table of well inventory information including location, use and ID numbers
G Site plan which includes:
- property boundaries - adjacent property land use - surface water
- wells and receptors - release point(s) and ID number - sample locations |
|---|

NOTICE OF SOIL REMEDIATION FORM

[Note: This ADEQ form is recommended for your use to comply with the Soil Remediation Standards Rule effective 12/04/97 according to Arizona Administrative Code R18-7-209. [UPPER CASE and SHADING identify mandatory fields, if applicable.]

Facility ID # 0-00 _____ LUST Number _____ Date form completed: _____

LOCATION ~ Notes (on back)

LOCATION NAME:		~ GIS Cover Exists
STREET ADDRESS:		ZIP:
CITY:	COUNTY:	STATE:
<u>LATITUDE</u>	<u>LONGITUDE</u>	<u>METHOD</u>
(_ - _ - _) _ _ _ _ Qu Tn Rn Sc 1 2 3		PARCEL NO:
Alias (also known as)		Alias Type
Program		

PEOPLE ~ Notes (on back)

NAME:		Company:	
Street Address:		ZIP:	City: State:
Phone: ()	Fax: ()	RELATIONSHIP: PROPERTY OWNER	
NAME:		Company:	
Street Address:		ZIP:	City: State:
Phone: ()	Fax: ()	RELATIONSHIP:	
NAME:		Company:	
Street Address:		ZIP:	City: State:
Phone: ()	Fax: ()	RELATIONSHIP:	

REMEDATION ~ Notes (on back)

START DATE:	TARGET REMEDIATION LEVEL:
LAND USE: (Residential or Non-Residential)	CONTAMINANTS OF CONCERN:.....
CURRENT:
POST-REMEDATION:
Program Site Manager:	PROGRAM:
REMEDATION TECHNOLOGY:	

CLOSURE ~ Notes (on back)

REMEDATION STANDARD ACHIEVED:	COMPLETION DATE:
DEUR Filing Date:	Case Closure Date:
DEUR Cancellation Date:	

Notes on Location

Notes on Location:
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.....

Notes on Aliases:
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.....

Notes on People

<u>Name</u>	<u>Notes</u>
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Notes on Remediation

Notes on Remediation:.....
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Notes on Contaminants:
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Notes on Closure

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**ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY
UNDERGROUND STORAGE TANK PROGRAM**

Free Product Report

ADEQ use only

DATE FORM COMPLETED: _____ (mm/dd/yy)

Site classification form attached? yes / no

Required attachments submitted? yes / no

DATE RECEIVED:

FACILITY ID: 0-00

LUST NUMBER: _____

FREE PRODUCT DISCOVERY DATE: _____ (mm/dd/yy)

FREE PRODUCT INFORMATION:

Type: **G** gasoline **G** diesel **G** used oil **G** jet fuel **G** other: _____

Quantity: _____ gallons (estimate)

Maximum Thickness: _____ in./ft. _____ well _____ date measured
(mm/dd/yy)

FREE PRODUCT EXTENT: (attach map showing extent, see below for site plan requirements)

G extent defined: yes / no **G** extent limited to on-site?: yes / no

FREE PRODUCT REMOVAL: (check all that apply)

T	REMOVAL METHOD	DATE INITIATED (mm/dd/yy)	DATE COMPLETED (mm/dd/yy)
	Manual removal (e.g. bailing, absorbers)		
	Automatic removal (e.g. skimmer pumps)		
	Pump & Treat		
	Vapor extraction		
	Dual Phase		

FREE PRODUCT DISPOSAL:

Has recovered free product been stored in a manner that prevents fire and safety hazards? yes / no

Has derived waste (soil, groundwater or surface water) been properly stored and disposed? yes / no / NA

Method/location of disposal: _____

Has recovered free product been disposed of in a proper manner? yes / no

Method/location of disposal: _____

PERMITS:

Have the appropriate permits for free product removal, storage and disposal been obtained: yes / no

ATTACHMENTS: (check if attached)

G Permits associated with free product removal, storage and disposal

G Site plan which includes:

- property boundaries

- adjacent property land use

- surface water

- extent of free product

- wells and receptors

- release point(s) and ID number

- sample locations

ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY
UNDERGROUND STORAGE TANK PROGRAM

Periodic Site Status Report

DATE FORM COMPLETED: _____(mm/dd/yy)

Site classification form attached? yes / no

Required attachments submitted? yes / no / NA

ADEQ use only

Date Received:

FACILITY ID: 0-00 LUST NUMBER: _____ OTHER LUST(S) AT FACILITY: _____

1. Has the ADEQ approved the site characterization report for the subject release? YES **9** NO **9**
If you checked "yes" include date of ADEQ approval and proceed to #2 below. DATE: _____
If you checked "no" stop here, corrective action status information is not required at this time.

2. Has a corrective action plan (CAP) been requested? YES **9** NO **9**
If you checked "no" proceed to #3 below.
If you checked "yes" are you are proceeding with remedial corrective actions prior to CAP approval? YES **9** NO **9**
If you are proceeding, include date ADEQ was notified in accordance with A.A.C. R18-12-263.02(E) DATE: _____

3. Type(s) of remedial corrective action technology currently being performed. For each system in use, enter the date the system became operational.

Soil	Date	Groundwater	Date
Over-excavation		Natural attenuation (monitored)	
Vapor extraction		Air sparging	
Thermal desorption		Extract and treat	
Bioremediation		Free product recovery	
Landfarming (on site)		Bioremediation	
Other (describe below)		Other (describe below)	

If "Other" please describe (include dates the systems became operational - attach additional pages as necessary):

4. For each of the remedial corrective action technologies checked in #3 above, attach any monitoring and laboratory results collected since submittal of the last status report form.

5. For the remedial corrective action technologies checked in #3 above, attach a site plan showing their locations and any monitoring and sample collection locations, if not previously submitted.

6. Check the time frame that most accurately estimates when the response activities, including remediation and verification monitoring, will demonstrate that the concentration of each chemical of concern is projected to be at or below the applicable corrective action standard.

9 0 - 2 years

9 2 - 5 years

9 5 - 10 years

9 greater than 10 years

7. Attach the *LUST Site Classification Form* as required and described under R18-12-261.01.

Please note that the above information is required **once every 12 months** from the date the ADEQ approves the site characterization report for the subject release **unless** otherwise stated within a ADEQ approved corrective action plan. If you have any questions regarding this form, contact the UST Help Desk at (602) 771-4303, or toll free within Arizona at 800-234-5677 extension 4303.

ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY
UNDERGROUND STORAGE TANK PROGRAM

LUST Case Closure Report

ADEQ use only

DATE FORM COMPLETED: _____ (mm/dd/yy)

DATE RECEIVED:

FACILITY ID: 0-00

LUST NUMBER: _____

SITE CHARACTERIZATION:

Has the total extent of contamination been determined:

Soil contamination?

☒ Yes ☒ No

Groundwater contamination?

☒ Yes ☒ No ☒ not applicable (NA)

Surface water contamination?

☒ Yes ☒ No ☒ NA

Has a Site Characterization Report been submitted?

☒ Yes ☒ No

Report date: _____ (mm/dd/yy) Date submitted: _____ (mm/dd/yy)

SOIL CONTAMINATION:

Have soil verification samples been collected?

☒ Yes ☒ No

Is soil contamination below the applicable levels?

☒ Yes ☒ No

Check applicable level: ☒ Tier 1 ☒ Tier 2 ☒ Tier 3

Is a DEUR required?

☒ Yes ☒ No

STOCKPILED CONTAMINATED SOIL:

Was stockpiled contaminated soil properly disposed offsite?

☒ Yes ☒ No ☒ NA

Were soil verification samples collected?

☒ Yes ☒ No ☒ NA

Is soil contamination below the applicable levels?

☒ Yes ☒ No ☒ NA

Check applicable level: ☒ Tier 1 ☒ Tier 2 ☒ Tier 3

GROUNDWATER CONTAMINATION:

Have groundwater verification samples been collected?

☒ Yes ☒ No ☒ NA

What was the period of verification monitoring?

Check applicable period:

☒ 30 days apart ☒ 2 quarters ☒ 4 quarters

☒ other: _____

Is groundwater contamination below the applicable levels?

☒ Yes ☒ No ☒ NA

Check applicable level: ☒ Tier 1 ☒ Tier 2 ☒ Tier 3

SURFACE WATER CONTAMINATION:

Is surface water contamination below the applicable levels?

☒ Yes ☒ No ☒ NA

Check applicable level: ☒ Tier 1 ☒ Tier 2 ☒ Tier 3

REQUIRED ATTACHMENTS: (check if attached)

- ☒ site plan which includes release location, characterization and verification sample locations
- ☒ tabulated analytical results, chain of custody and analytical reports
- ☒ signed DEUR (if applicable)
- ☒ soil disposal documentation (if applicable)

ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY
UNDERGROUND STORAGE TANK PROGRAM

Informal Appeal Form

Notice of Disagreement

In accordance with Arizona Revised Statute (A.R.S.) 49-1091, a person may informally appeal an ADEQ interim decision or determination and file a written notice of disagreement within 30 days of receiving the Department's interim decision or determination. Please use this form to file a notice of disagreement with ADEQ. Also, please indicate below if a meeting is requested.

Is a meeting requested? : ☐ Yes ☐ No

If a meeting is requested, ADEQ will schedule a meeting and inform you of the date and time. ADEQ requests that you attach a list of the individuals who will be attending the meeting with you and also a list of the ADEQ staff that you would like to be present at this meeting.

Date of Notice: _____

(ADEQ use only)

Date Notice Received: _____

Date of Meeting: _____

Time of Meeting: _____

UST FACILITY INFORMATION:

UST Facility Name

Street Address

City

Zip Code

County

Facility ID: 0-00 _____

LUST File: _____

SAF Application #: _____
(if applicable)

APPELLANT INFORMATION:

Name of person making the appeal

Signature of person

Street Address

In accordance with A.R.S. 49-1091, the following are the only individuals that can file a notice of disagreement. Please indicate the appropriate affiliation of the person making the appeal.

_____ UST Owner

_____ UST Operator

_____ UST Volunteer
[as defined in A.R.S.
49-1052(I)]

City

State

Zip Code

County

(_____) _____
Telephone Number

TYPE OF APPEAL: (check all that apply)

_____ Legal (i.e., UST owner/operator determinations, etc.)

_____ Technical (i.e., issues regarding confirmed releases, site investigation, remediation, LUST case closure, technical SAF decisions, etc.)

_____ Financial (i.e., SAF cost issues related to preapproval work plans, direct pays or reimbursements, etc.)

Based on ADEQ Interim Letter of Determination: Dated: _____ From: _____
Name of ADEQ staff

IMPORTANT DOCUMENTATION:

In accordance with A.R.S. 49-1091, you are **required** to provide a description of the specific portions of the interim decision or determination with which there is disagreement. Also include all applicable supporting documentation (rationale, justification, etc.) that has not previously been submitted to ADEQ. This Notice of Disagreement and all related documentation should be sent to the appropriate address listed below:

State Assurance Fund (SAF) Informal Appeals:

ADEQ Office of Fiscal Services
UST Financial Services Unit, 4415A-3
1110 West Washington Street
Phoenix, AZ 85007

Non-SAF Informal Appeals:

ADEQ UST Corrective Action Section
Technical Support Unit, 4415A-3
1110 West Washington Street
Phoenix, AZ 85007

ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY
UNDERGROUND STORAGE TANK PROGRAM

Document Submittal Form

In accordance with A.A.C. R18-12-264, this form must be submitted with any of the documents listed below.

ADEQ use only

DATE RECEIVED:

UST FACILITY INFORMATION:

UST Facility Name

Street Address

City

Zip Code

County

Facility ID: _____

LUST Number(s): _____

UST OWNER: [9 check if responsible for submitting document]

Name

Company

Owner ID :

Street Address

City

Zip Code

()
Telephone (daytime)

UST OPERATOR: [9 check if responsible for submitting document]

Name

Company

Operator ID :

Street Address

City

Zip Code

()
Telephone (daytime)

PROPERTY OWNER: [9 check if submitting document as a person conducting corrective actions under A.R.S. 49-1016(C) ("volunteer")]

Name

Company

Street Address

City

Zip Code

()
Telephone (daytime)

TYPE OF DOCUMENT: (check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> 14 day report (suspected release) | <input type="checkbox"/> initial site characterization | <input type="checkbox"/> corrective action plan |
| <input type="checkbox"/> 90 day report (suspected release) | <input type="checkbox"/> LUST site classification | <input type="checkbox"/> periodic site status report |
| <input type="checkbox"/> 14 day report (confirmed release) | <input type="checkbox"/> site characterization report | <input type="checkbox"/> LUST case closure |

CERTIFICATION STATEMENT:

"I hereby certify, under penalty of law, that this submittal and all attachments are, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of a fine and imprisonment for knowing violations."

Signature

Date

Name (printed)

Title